

## **BROVANA AND PERFOROMIST PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for the diagnosis of chronic obstructive pulmonary disease (COPD)

*AND*

- ❖ Submit documentation of allergies or show a history of intolerable side effects to Serevent and the inactive ingredients in Foradil.

*OR*

- ❖ Explain why the member is unable to use the Foradil or Serevent dry powder inhaler.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.gbp.georgia.gov](http://www.gbp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.